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Signeture

PTO/SB/17 (10-03)
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		Complete If Known						
│ FEE TRANSMITTAL		Application Number		09/9424	09/942405			
for FY 2004		Filing Date		August 3	August 30, 2001			
Effective 10/01/2003. Patent fees are subject to annual revision.			First Named Inventor		r Prentice	Prentice Lee Huffines Et. Al.		
			Examiner Name		Norca Li	Norca Liz Torres Velazquez		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit		1771	1771			
TOTAL AMOUNT OF PAYMENT (\$) 420.00		Attorney Docket No.			TK3615	TK3615USNA		
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
Check Credit card Money Other None 3. ADDITIONAL FEES							•	
Deposit Account:	Large Fee	Large Entity Small Entity						
Deposit 04 40 30			Fee Fe Code (\$	3)		escription	Fee Paid	
Number	1051		2051			filing fee or oath	<u> </u>	
Deposit Account E. I. du Pont de Nemours and Company	1052	COVE			urcharge - late over sheet	provisional filing fee or		
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Charge fee(s) indicated below Credit any overpayments		2 2,520	1812 2,5			st for <i>ex pert</i> é reexamination	$\vdash \vdash \vdash$	
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to the above-identified deposit account.	125	1 110	2251			ply within first month		
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1. BASIC FILING FEE Large Entity Small Entity	125	3 950	2253	475 E	xtension fo <i>t t</i> e	ply within third month		
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1002 340 2002 170 Design filing fee	140	1 330	2401	165 N	iotice of Appea	1		
1003 530 2003 265 Plant filing fee	1402		2402		-	support of an appeal	\vdash	
1004 770 2004 385 Reissue filing fee	140		2403		equest for oral			
1005 160 2005 80 Provisional filing fee	145	1 1.510	1451 1 2452			ite a public use proceeding s - unavoidable		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1	1 1,330	2501		Itility Issue fee			
Extra Claims below Fee Paid		-	2502		esign Issue te			
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Independent -3** = X 86 = X	146	0 130	1460			Commissioner	$\vdash \vdash \vdash$	
Multiple Dependent YES 290.00 =	180		1807			under 37 CFR 1.17(q)		
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1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	180	9 770	2809		iling a submist 37 CFR 1.129(sion after final rejection a))		
1203 290 2203 145 Multiple dependent claim, if not paid	181	0 770	2810	385 F	or each addition	onal Invention to be		
1204 86 2204 43 "Reissue independent claims over original patent	180	1 770	2801		xamined (37 C Request for Co	intinued Examination (RCE)		
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SUBTOTAL (2) (\$) 0.00		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 420.00						
**ar number previously paid, if greater; For Reissues, see above (Complete (f. aprilicable))								
SUBMITTED BY		Registre	tion No.		37.013	Telephone (302) 89	2-0887	
Name (Print/Type) Thomas W. Steinberg		(Attorney	/Acenti		11,010	70.0pmont (00E) 08	-, -, -, -, -, -, -, -, -, -, -, -, -, -	

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PTC/SB/97 (08-00)
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09/942,405 **TK3615 US NA** PETITION FOR EXTENSION OF TIME (2 MONTHS) FEE TRANSMITTAL FORM PTO/SB/17 AMENDMENT (8 PAGES)

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